


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A03000001131			
1. Entity Name CONTRARIAN CASH FUND I, LTD.			
Principal Place of Business 6400 CONGRESS AVE, STE 2150 BOCA RATON FL 33487		Mailing Address 3290 NW 53RD CIRCLE BOCA RATON FL 33496	
2. Principal Place of Business		3. Mailing Address 6400 CONGRESS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 2700	
City & State		City & State BOCA RATON FL	
Zip	Country	Zip	Country 3 USA

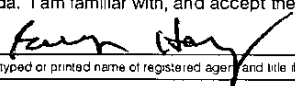
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE . CR2E003 (10/04)

6. Name and Address of Current Registered Agent HONIG, BARRY 3290 NW 53RD CIRCLE BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name BARRY HONIG Street Address (P.O. Box Number is Not Acceptable) 6400 CONGRESS AVE, SUITE 2700 BOCA RATON City FL Zip Code 33487	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/5/05		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.	

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000027727	STREET ADDRESS	STE 2700
NAME	CONTRARIAN CASH FUND, LLC	CITY-ST-ZIP	
STREET ADDRESS	6400 CONGRESS AVE, STE 2150		
CITY-ST-ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Barry Honig**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/26/05 **561-302-2287**
Date Daytime Phone #

STAPLE CHECK HERE